STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

RECEIVED

I. Name of Lobbyist(s)	īm	Roules	/		APR 12 2018
II. Name of lobbyist's partnership	, firm or c	orporation, if a	nv:		NEW HAMPSHIRE
Dennehy			_		DEPARTMENT OF STA
(Name of partnershi				· · · · · · · · · · · · · · · · · · ·	
17 Depo	t Stre	et, Con	cord, N	H 0330)1
Business Address: (Street)		(Town/City)		(State)	(Zip Code)
() <u>603-228-1601</u>	()		e-	-mail	
(Telephone)	_ ` ´	(Fax	:)		
III. This statement covers: (Choose reportable expense transactions w					nay file a separate report for
All reportable transactions occur	ring in the	months prior to	the reporting of	date relative to	the following client:
Casal	10	1110	(J
(Full Name of	Client as it	appears on the L	رے obbyist Registra	tion Form)	
<u>OR</u>		•		,	
☐ All reportable transactions by the unrelated to any particular client.	lobbyist (i	ncluding the lob	byist's family), or the lobbyi	ng firm listed below which are
IV. Date of Report April 26, 20	17 🗆		July	26, 2017	
Reports cover: activity from date of	registration	to 3/31/17	activity fron	1 4/1/17 to 6/30/	
October 25, activity from 7/		(17		ary 31, 2018 n 10/1/17 to 12/3	
V. There have been no fees rece If this box is checked, complete just t Concord, NH 03301.					
VI. Check if additional reports are	attached:				
If you have received fees or mad		ıres, you must f	file Addend un	A- Fees and	Expenses
☐ If you have paid an honorarium of Expense Reimbursement	or reimburs	ed expenses, yo	ou must file Ad	ldendum B– R	leport of Honorariums or
☐ If you, your firm, or your family	has made p	political contrib	utions, you mu	ist file Addend	um C- Political Contributions
Swarm Statement A 65 march 1 h. V	11. 11				
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the bost of my know	14-C and	RSA 664 and h	ereby swear or	affirm that the	foregoing information is true
and complete to the test of my know	icage and t	cher.			
(Signature of lobbyist)				(D	ate)
2010	1			`	,
(Print Name of lobbyist)					

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s)	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	1 1
III. Name of Client Casella - NCES	Date04/02/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	relations, or public relations service ss fee amount reported shall not b
a) Total of all fees received in this reporting period	a)\$ 20,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ 40,000
c) Total of all fees received to date (Add lines a and b)	0)\$ 60,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to represes. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	dient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the persod with a value of \$25.00 or less); and rting period of greater than \$25.00 for less of greater than \$25, purchase of than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	that the foregoing information
is true and complete to the best of my knowledge and belief.	and the second micromunion
(Signature of lobbyist)	(Date)
Jim Bouley	
(Print Name of lobbyist)	